V. S. No. 1 N. B.—

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 00558
1. PLACE OF DEATH	(93-20)
County Loward.	Registration Dist. No.
Village or City Eccupt City	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME arthur Boston	
(a) Residence: No. Praise Orchard.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
5a. If married, widowad, or divorced HUSBAND of	(Month) (Ďay) (Year)
(or) WIFE of	22. I HEREBY CERTIFY That I attanded dacaased from
C DATE OF DIDTH (19 Sto. 7 , 19 St.
6. DATE OF BIRTH (month, day, and year) Chaul 43 years 7. AGE Years Months Days LESS then	to have occurred on the date stated above, at 9.3 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8 Trade profession or particular	ware as follows: Date of onset
SAWYER, BOOKKEEPER, etc.	mnd
9. Industry or businass in which work was dona, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupetion (month end) 4 - 3 4 11. Total time (years) spent in this occupation	
I2. BIRTHPLACE (city or town) (State or country) Marvelaud	Othar Contributory Causes of importance:
A. A.	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
Country) - Curenow W	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or counlry) ULKNOWW	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Mrs. Chas. Prise (Address) Ellewith City, Mrs.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Price Orchard Date Jaw. 6, 1934	Manner of injury
19. UNDERTAKER IP Hygisul schoon	24. Was disaase or injury in any way related to occupation of deceased?
(Address) Egicot City, wid.	If so, specify ————————————————————————————————————
20. FILED Jasey 6, 1934 COTY Fissell	(Signed) ————————————————————————————————————

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis Chronic interstitial mephritis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	. PLACE OF	F DEAT	H			99-5	
	County	Howa	rd			Registration Dist. No. 19	1
	Village or C	ity El	licott	City		No.	Ward
	Length of resi	dence in city	or town where o	leath occurred_3	7yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?yrsmos	
2	. FULL NAI	ME Am	os Dor	sey Bre	nt		
	(a) Residen	ce: No H	llicot	t City (Usualplace		St., Ward. If nonresident give city or town and S	State
	PERSON	AL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male		ack	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 23 (Month) (Day)	1934 (Year)
Ja.	HUSBAND ot (or) WIFE of					22. I HEREBY CERTIFY, That I ettended d	ecessed from
	(01) 111111111	chuluis.	Akward			, 19, to	
6. 1	DATE OF BIRTH (month, day, e	end year)	'eb.14,1	.868	I lest saw h alive on1919	
6	5 6	5	Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etMidninght The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
7	8. Trede, profes kind of w SAWYER,	sion, or pert	iculer		j ormin.	were es follows:	Date of onset
9	SAWYER,	ork done, es BOOKKEEPE	R, etc.	aborer	********	Chronic Myocarditis	
PA	9. Industry or 1	business in w	hich			4	
OCCUPATION	10. Dete deceese	done, es SIL L, BANK, etc d last worke pation (mont)		11. Totel ti spa occu	ime (yeers) nt in thin known upetion	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (cit (State or coun		Washin	gton, D	.C.		
ER	13. NAME	Unkno	wn				
FATHER			1)	••••••		Name of operation Date of	
	(State or	country)	Unkn	O a made		Whet test confirmed diagnosis? Was there en eu	lopsy?
HE	15. MAIDEN NAM	ME	UIIKII	OWII		23. If death was due to external causes (VIOLENCE) fill in also the following:	S. III
MOTHER	16. BIRTHPLACE (Stete or		1)			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.			A.Woo	ds ty. Md.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMATI	ON, OR REN	naker	Date Fe	1.13,1934	Manner of injury	
19.	UNDERTAKER (Address)	East o	n Sons	ty, Md.		24. Wes disease or Injury In eny way releted to occupetion of deceased?	
20.	FILED Fely 6	3, 19	3+ W1	Y Fine	el _ Registrar.	(Signed) Cally b Nogers Getting (Address) Ellie H Cid By	M.D.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF	MARYL	AND-CERTIFIC	ATE	OF DEATH
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V	U	U	U	~

1. PLACE OF DEATH	0		- (8)	10.
County Novan	1,		Registration	Dist. No
Village or City Clar	Resull	No.	a hospital or institution, give its NAMI	St., Ward
Length of residence in city or lown where	dealh occurredyrs			
2. FULL NAME Still	born Caster	J		
(a) Residence: No.		St.,	Ward.	
	(Usual place of abode)	2		give city or town and State
PERSONAL AND STATIST	1		MEDICAL CERTIFICATE	OF DEATH
3. SEX 4. COLOR OR RACE	or Divorced (write the		T DEATH	193 4
unkham	Sengle		(Month)	(Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1	HEREBY CERTIF	Y, That I atlended deceased from
(OI) WITE OI		- Jan. 1.		Can 1 , 1934
6. DATE OF BIRTH (month, day, and year)	m 1 1934	I last saw but	-alive on an	19.3.4 ; death Is said
7. AGE Years Months	Days If LESS	and the second second	on the date stated above, at limb	Engin
	Or		. CAUSE OF DEATH and related caus	ses of Importance
8. Trade, profession, or particular kind of work done, as SPINNER,	10	Still	firth at abo	wh
SAWYER, BDOKKEEPER, etc	yun	four	the month of U	my namely.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc				
1D. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		***************************************	
year)	occupation	Dibar Contribute	ory Causes of importance:	
12. BIRTHPLACE (city or town) Cla	Merila ma			
(State or country)				
13. NAME CARTON AND 14. BIRTHPLACE (city or town)	fland		# # # # # # # # # # # # # # # # # # #	
4 14. BIRTHPLACE (city or town)	/	Name of operation	on	Date of
(State of country)	7	What lest confirm	med diagnosis?	Was there an autopsy?
15. MAIDEN NAME AUTOM	a Carter		tue to external causes (VIDLENCE) fi	
o 16. BIRTHPLACE (city or town)	resneu MA			Dale of injury, 19
(State or country)			y occur?(Specify city or	town, county and State)
17. INFORMANT APPLIES	of Chile	Specify whether	injury occurred in INDÚSTRY, In HD	OME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	woody.	Manner of injury	у	
Place	Date,	10		
14 HMDEDTAKED		24. Was disease of	or injury in any way related to occup	palion of deceased?
19. UNDERTAKER (Address)	1 0 0	If so, specify	A. P. A.	4
20. FILED COM 2 1984	d a Beck	(Signed)	of With	M. D
20. FILED 192.4	Reg	istrar. (Add	dress)	ville mil

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Cerebral hemorrhage 3 1934	July 5,1927	Peritonitis	3 days ago	
THE REPORT OF THE PARTY OF THE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH UD561
1. PLACE OF DEATH	93-20 196
County Howard	Registration Dist. No.
Village or City Men Caurel M9.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
A /1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary and My Com	
(a) Residence: No. Laurel Md Ritt	Lat.: Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White 5. SINGLE, MARRIED, WIDOWFD, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HISBAND of Corn WIFE of Montas P. Coon	22. I HEREBY CERTIFY, That I attended deceased from 1/36, 1934, to 1/3 (1934)
5. DATE OF BIRTH (month, day, and year) May -1376/185	218st saw huz alive on 1/36 193 4: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . S Z m.
1 day,hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, ousework SAWYER, BOOKKEEPER, etc.	were as follows: Ouronie prysearditio 1900
9. Industry or business in which	
work was done, as SILK MILL, home SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month apd 433 spant in this occupation corupation	
2//	Other Contributory Causes of Importance:
12. BIRTHPLACE (city) or town) (State or country)	Delitation 1/30/30
13. NAME Shua hlesney	1.2934
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or county)	/ What test confirmed diagnosis? Was there an au'opsy?_24.5
15. MAIDEN NAME alkerine Cluderson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country) 7 1964.	Where dld Injury occur? (Specify city or town, county and State)
17. INFORMANT Laurel Flid.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Morange lengtergoate Mer. 1934	Nature of injury
19. UNDERTAKED AND Agrand (Address) And Agrand	24. Was disease or injury in any way related to occupation of deceased?
20, FILED / 38/34/19 Manh 8 ley Registrar	(Signed) M. D. (Address)
Aegistrar.	" (MUITOS) for a fare same to a fare a

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Example I	-1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMEN	ITS BY	PHYSICIAN
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of OCCUPA-

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	00562

	1. PLAC	E OF DE	ATH					
	County Howard					(7.3) Registration Dist. No. 191		
	Village or City Columbia					No. St W	ard	
	Length	of residence i	n city or town where	death occurred 5	vrs mos	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos		
Ä.			William			Jisa	.us.	
ľ		esidence: No	(3 - 7			St., Ward.		
sitem				(Usual place		If nonresident give city or town and State		
_		-	AND STATIST	1		MEDICAL CERTIFICATE OF DEATH		
3.	Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			5. SINGLE, MAR OR DIVORCE Sln	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH January 14 (Month) (Day) (Yeer)		
5a	. If married, HUSBANI	widowed, or	divorced				H	
	(or) WIFE	of				22. I HEREBY CERTIFY. That I ettended deceased f		
6.	DATE OF B	IRTH (month.	dey, and year)	an.6,18	98	i last saw h alive on, 19, 19, death is s		
	AGE	35°	Months	Bays	If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importence	iaiu	
z	Trade,	profession, o	r particuler	-442		were as follows: Data of o	set	
T10	Ne DH	kind of work done, as SPINNER, cattle salesman				Coronors Verdict on		
UPA	9. Industry or business In which work wes done, as SILK MILL, Stock Yards				rds	other side		
OCCUPATION	10. Date d	deceased last s occupation (worked at month and 7 /7 2	/34. Total ti	me (years).	Severance of the illiac artery: from a revolve shot seven		
12. BIRTHPLACE (city or town) Flatwood (State or country) West Virginia				nod.	pation	Other Contributory Causes of importance:		
ER	13. NAME	Geo.	B.Fisher					
FATHER		PLACE (city o	r town)	wood irginia		Name of operation Dete of		
ER	15. MAIDE	N NAME	Ella Gle	n		Whet test confirmed diagnosis?		
MOTHER		PLACE (city o	rtown Cari	o irginia		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Formicide: Date of Injury Jose 14, 1934		
21 (State or country) West Virginia 17. INFORMANT Geo. B. Fisher (Address) Sutton, West Virginia					nia	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Sutton, W. Va. Date Jan. 15,1934				Date Jau	15,1934	Manner of Injury Revenues shot i hornicidal. Neture of injury servance of ilian artery.		
19. UNDERTAKER Easton Sons (Address) Ellicott City, Md.					9	24. Wes disease or injury in any way related to occupation of deceesed?		
20.	FILED.	myt	1,193 4 WY	14 Fin	cell Registrar.	(Signed) lealer D. Hogary selving M (Address) Elect Delivery	. D.	
	TRO	auril.	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	-	

V. S. No. 1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

Verdict of Coronors Jury as follows same held Jan. 14th/34

That William Glenn Fisher came to his death from a revolver shot from a revolver in the hands of Edwil L. Maxwell about 3 P. M. on Sunday Jan. 14th/34, at Columbia, in Howard County, Maryland. and

PHYSICIANS should state)RD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAINLY, WIT

V. S. No. 1

Length of residence in city or town where desth occurred. 2. FULL NAME (a) Residence: No. (b) Local place of abodo. PERSONAL AND STATISTICAL PARTICULARS 3.58X 4. COLOR OR RACE S. SINCLE, MARKIED, WINDOWD, OBD. DIVORCED (or write the world) FERSONAL AND STATISTICAL PARTICULARS 3.58X 4. COLOR OR RACE S. SINCLE, MARKIED, WINDOWD, OBD. DIVORCED (or write the world) FERSONAL AND STATISTICAL PARTICULARS 3.58X 4. COLOR OR RACE S. SINCLE, MARKIED, WINDOWD, OBD. DIVORCED (or write the world) FERSONAL STATISTICAL PARTICULARS 3. SIT Markind, widowed, or divorced with the work of the world of th	STATE	OF MARYLAND-	CERTIFICATE	OF DEATH	.00563
Village or City Ellars 4 (If death accord in a hospital or institution, give its NAME instead of street and number) Langth of residence in city or town where desth occurred 7 yrs mes. ds How long in U.S. If of foreign birth? yrs mes. ds Hou Long in U.S. If of foreign birth? yrs mes. ds Hou Long in U.S. If of	1. PLACE OF DEATH		92-0		4
Length of residence in city or town where death occurred. J. yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. decugation yrs. mos. doi: how long in U.S. If of foreign birth? yrs. mos. list of yrs. mos. doi: how long in U.S. If of foreign birth? yrs. mos. list of yrs. mos. doi: how long in U.S. If the How long in U.S. If the How long in Its of the Hollows: doi: how long in U.S. If the How long in Its of the Hollows: list of yrs. mos. doi: how long in U.S. If the How long in Its of the Hollows: long in U.S. If the How lo	County Howard	1		Registration Dist. No	190
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2. FULL NAME (a) Residence: No. (b) Culsusplace of shocks PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) R DIVORCED (variethe ward) 8. DIVORCED (variethe ward) 8. DIVORCED (variethe ward) 9. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 I day. 1 I day	Length of residence in city or town when				
(2) Residence: No.	m -	y Felilo	0)		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED. OR DIVORCED Curric the ward) Flowerist of divorced from the control of the profession, or particular to have occurred on the date stated above, at 1937; death to have occurred on the date stated above, at 1937; d	N	to Road.	breW t2		
3. SEX 4. COLOR OR RACE OR DEATH OR DEATH OR DEATH OR DIVORED OR DIVORED Correction wind) 3. SEX 4. COLOR OR RACE OR DEATH OR DEATH OR DEATH OR DIVORED Correction wind) 3. SEX 4. COLOR OR RACE OR DEATH OR DEA	(a) Residence. No.	(Usual place of abode)	St., Watt.	If nonresident give city or t	town and State
A STEAM OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular sind of work done as SPINNER, or min. 8. Trade, profession, or particular sind of work done as SPINNER, or min. 9. Trade state of the date stated above, at 2 mm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were stated on the date stated above, at 2 mm. 10. Oats of causes of importance were stated above, at 2 mm. 11. Total time (years) span in this propagation of work done as SPINNER, and the coupation of the date stated above, at 2 mm. 12. BIRTHPLACE (city or town). 13. MAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. STATEPLACE (city or town). 17. INFORMANT OF SPINNER, and the stated above, at 2 mm. 18. BURTHPLACE (city or town). 19. State or country) 19. INFORMANT OF REMOVAL Place Material causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 19. UNDERTARER MAL A STATE OF THE PLACE (Signed). 20. FILED MAL A STATE OF THE PLACE (Signed).		TICAL PARTICULARS	MEDICAL C	ERTIFICATE OF DE	ATH
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Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEPER, etc. 5. Industry or business in which work was done, as SILK MILL, Secure of Silk MILL, Secure	61 9.			TH and related causes of importa	
Other Coutributory Causes of Importance: Other Coutributory Other Coutributory	Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Domestre	heart	litation	12/3/
Other Coutributory Causes of Importance: Other Causes of Importance: Other Coutributory Causes of Importance: O	9. Industry or business in which work was done, as SILK MILL,	Homes wife -	Rostie	chaluff	ries
Other Coutributory Causes of Importance: Other Coutributory Causes of I	this occupation (month again	spent in this		<i>J.U</i>	Jules
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place (Address) 19. UNDERTAKER Ma. Aati, R. William (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) (Signed) Name of operation What test confirmed diegnosis? Was there an au'opsy? Was there an au'opsy? Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed)	01	timore City	Other Contributory Causes of Imp	ortance:	nak
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(Specify city or town, county and State) 7. INFORMANT Carron Teles Holling Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 8. BURIAL, CREMATION, OR REMOVAL Place Mt. Auti R. William: 9. UNDERTAKER Ma. Kati R. William: (Address) 322 f. Silvacder St., (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased? (Signed) Manner of injury in any way related to occupation of deceased?	16. BIRTHPLACE (city or town)	throng lity		Date of injury	y, 19
8. BURIAL, CREMATION, OR REMOVAL Place Mt. Autin Compate Jan 4, 1934 9. UNDERTAKER Ma. Ratic R. William (Address) 322 f. Sidrocau St. 10. FILED 1934 1934 10. FILED 1934 10. FILED 1934 10. Signed 1946 10	7. INFORMANT Caron	Tiles Husland		(Specify city or town, county in INDUSTRY, in HOME, or in PU	y and State) IBLIC PLACE.
Place Mt. Anturn Campate fan 4, 1934 Nature of injury 19. UNDERTAKER Ma. Ratic R. William (Address) 322 f. Silrocder St. 19. UNDERTAKER Ma. Ratic R. William (Address) 322 f. Silrocder St. (Signed)		idge ma		***********	
(Address) 322 1. Silroeder St. If so, specify 20. FILED (Signed) (Signed) (Signed)	70 / //	Compate Jan 4, 1934			
20. FILED Legal 1971 The R. A. Wes a. Wes a. Wes a.		R. Williams		way related to occupation of dece	ased?
Registrar. (Address) 9 114 A A A	20. FILEOJON 1 . 193 4 Na	ise & Kind Will	VIO	1/2 serge	on to

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

I. PLACE OF DEATH		100	
County Howard		Registration Dist. No.	90
Village or City Cleringe	mid.	NoSt.,	Ward
langth of residence in city or town where doth one	55 w 2 m	death occurred in a hospital or institution, give its NAME instead of street at	nd number)
$\Omega \Lambda = 0$	0. 1. 1.	yisyis.	_mosds.
2. FULL NAME Charles	Jurjon		
(a) Residence: No. C.	ge med.	St.,Ward.	and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
100	DIVORCED (write tha word)	(Month) (Day)	, 193
5a. If marriad, widowad, or divorcad HUSBAND of			X (4a1)
(or) WIFE of marche Vira	mia Gutto	22. I HEREBY CERTIFY That I attand	10 -0
6. DATE OF BIRTH (month, day, and yaar) November	bev 6.1848	West saw h. sam alive on land 10 19 9	19. J., 19. J.,
7. AGE Yaars Months	Days If LESS than	to have occurred on the data stated above, at 2 . m.	7 , death is said
5.5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	ormin.	were as follows: Anguman	Date of onset
Mind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	ler Maker	720	10/0
9. Industry or businass in which work was dona, as SILK MILL,			
SAW MILL, BANK, etc.	D. Tallibar (chian)		
this occupation (month and yaar)	II. Total time (years) spant in this occupation		
EDG. 10-1-	20.0.	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (Stata or country)	, Mas.	offings condial awants	1/9/3
1 0 0	il lunton	- Julian Julian	
F 10 6	eles Colonte		
14. BIRTHPLACE (city or town) JAMELING (Stata or country)	w seeing	Name of operation Date of	
15. MAIDEN NAME China Clina	7/rlhe)	What test confirmed diagnosis Was there at 23. If death was due to external causes (VIOLENCE) fill a liso the follow	
16. BIRTHPLACE (city or town). Clare	Luc. mal.	Accidant, suicide, or homicida?	
(State or country)	1	Whare did injury occur?	, 17
17. INFORMANT Mrs. Marche V	. Hereten	(Specify city or town, county and Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC	otate)
(Address) Clericas	e uld.		
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Placa Determine Date	Jan. 13 , 19.34	Natura of injury	
19. UNDERTAKER Caused & St.	theer!	24. Was disease or injury In any way related to occupation of deceased?	~0-
(Addrass) Cleridge	mes:	If so, spacify	ρ
20. FILED Jan 12 19 3 4 Dribe	E. Kind W:	(Signed)	96 M.D.
7		07/-	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example 1		Example 11	
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	(TO III	CHRINADID	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastreengous	1 year
	BU	REAUV.S.	

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5.3 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12000	3.5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-	
No.	
vi	
>	

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	66
County / 804 te	VV g	Registration Dist. No. / 7	V
Village or City Wall	rage rud	NoSt.,	Ward
Length of residence in city or town who		f death occurred in a horpital or institution, give its NAME instead of street and r sds. How long in U.S. if of foreign birth?yrsmo	
(a) Residence: No.	J	St., Ward.	
	(Usual place of abode)	If nonresident give city of town and	State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorped HUSBAND of (or) WIFE of Description	to Harrell	22. HEREDY CERTIFY. That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	Mor 9th 1850	liast saw h malive on Jah 2/434	: death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	, deeth is said
8. Trade Profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Tarpenter	artin-polernis	Date of onset
SAWYER, BOOKKEEPER, etc		Ch. Withiti -	1930
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of Importance: //	1 1
12. BIRTHPLACE (city or town). (State or country)	a	Other Contributory Causes of Importance:	12/1/33
II 13. NAME Client	16 anell		
13. NAME 14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an a	woney? Va
15. MAIDEN NAME Wilk	nowe	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?	
17. INFORMANT LISSE (Address)	so Harrill	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	RCE.
18. BURIAL, CREMATION, OR REMOVAL PLOS AWAYE MIND	parton 23 ,1938	Manner of injury	
19. UNDERTAKER Joy4 (Address) James	Jourses	24. Was disease or injury In any way related to occupation of deceased?	Um
20. FILED 1/22/3419 DV	anhstiglen,	(Signed) Juntificial (Address)	lut. M. D.
If me	ore blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA.	
HIS IS A PERMANENT IN	be stated EXACTLY. P	be properly classified. Exac	of certificate.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT IN CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
Z.			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(3)</u>
County Howard	Registration Dist. No. 191
Village or City alberton	No. Upper Brich Roy St Word
Length of residence in city or town where death occurred O_yrsO_mos	death occurred in Chorpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Balu Kenry	
(a) Residence: No. Upper Bruch Pow	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended decaased from
6. DATE OF BIRTH (month, day, and year)	i last saw h le aliva on at no tempo death is said
7. AGE Years Months Days If LESS than 1 day, O. hrs.	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causos of importance
Or_Q_min.	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	
9. industry or business in which	tillbuth 12311
work was dona, as SILK MILL, SAW MILL, BANK, etc	110.39
O 10. Data deceased last worked at this occupation (month end worked spent in this occupation occupation	
12. BIRTHPLACE (city or town) alberton mg	Other Contributory Causes of importance:
(State or country) md,	following Orm
13. NAME / homas Harves	presentation
13. NAME Thomas Hawes 14. BIRTHPLACE (city or town) (And	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Selle Henry	23. If death was dua to external causes (VIOL ENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) Warren Co	Accidant, suicide, or homicide? Date of injury, 19
Stool 5	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alle Jenry (Address) Other on Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place alberton Ma Data Jany (0 ,1934	Nature of injury
19. UNDERTAKER GO Colubras (Address) Colubration	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jany 9, 1934 W/A Kissell Registrar.	(Signed) Clyphan Herbert M. D. (Address) Elluott ett, mg
70 11 1 11 0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVEI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Ag at	

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STATE OF MARYLAND	-CERTIFICATE OF DEATH	568
1. PLACE OF DEATH		9
County Nowward	Registration Dist. No. 19	2
Village or City Cleanword	NoSt.,	Ware
Length of residence In city or town where death opcurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and nur mosds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Soseph 14, So	nes,	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS SEX	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Married the word	21. DATE OF DEATH	93 (ear)
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended de	ceased from
DATE OF DISTRICTION OF 1864	I last saw h was alive on Jan 4 1934.	., 19 0.5
AGE Years Months Days If LESS the		death is sei
69 11 4 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8 Trade profession or particular	- note as tollows.	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Certific 1	an-5
9. Industry or Dusiness in Which Work was done, as SILK MILL, SAW MILL, BANK, etc	appliery	
10. Oate deceased last worked et this occupation (month and spant in this		
2. BIRTHPLACE (city or town)	Other Centributory Causes of importance:	
(State or country)	- artery deline	
14. BIRTHPLACE (city or town) Sourced Co.		
14. BIRTHPLACE (city or town)	Name of operation	
(State of country)	What test confirmed diegnosis? Was there an eu'c	psy?
16. BIRTHPLACE (city or town) . Howard Cy	23. If death was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury	, 19
(State or country) INFORMANT (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	 E.
BURIAL, CREMATION, OR REMOVAL PIECE BUSH Park Park Park 19	Manner of injury	
O. UNDERTAKER AND MILES WAS AND MILES.	Nature of injury 24. Was disease or injury In any way releted to occupation of deceased?	
FILED LAND 1934 M Mushin	(Signed) M Mally	М. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1.7	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00069
1. PLACE OF DEATH	
County Howard	Registration Dist. No. 145
Village or City Davage	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Naisy A. Kuisley	
(a) Residence: No. Away Mula Manager of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
fereale while marries.	(Month) (Day) (Year)
56. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Macy 1216/881	last saw her alive on Jan 2, 193 / ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _ 5.20 1 m.
52 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
2 Trade profession or particular	Date of onset
kind of work done, as SPINNER TOUSEWELE SAWYER, BOOKKEEPER, etc.	Cerebal Jacomere. 12424
9. Industry or business in which work was done, as SILK MILL, houled	///
10. Date deceased last worked at this occupation (month and spent in this	Chronic myosorditian Duration unknown.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or county)	allin Jelevan - myreadles !
13. NAME Dam Holines	
13. NAME Sau Holines 14. BIRTHPLACE (city or toyn)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?U
15. MAIDEN NAME Thora Medulie	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Thora Metalie 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT March Husley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Darry 149 pare Mu 13, 1934	Nature of injury
19. UNDERTAKER / POYO Source	24. Was disease or injury In any way related to occupation of deceased?
(Address) Takesel Mg.	If so, specify 1997 Andrews
20, FILED 125/34, 19 Manh Styler, Regular.	(Signed) M. D. (Address) Automatical M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
FEB 5 1934	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 100570
1. PLACE OF DEATH	<u></u>
County Arms	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Infaun Zillry	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer)	I last saw have alive on 1997; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated obove, at 11.20 m.
1 day, 1 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	Tremsling Burk.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Cantributory Causes of Importance:
(State or country)	
13. NAME Jerman halley	
13. NAME Verman halley 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Bertha Edmindson	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Herman haller (Address) Lawel, Wall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19	Nature of injury.
19. UNDERTAKER Herings hiller acting (Address) A hamil with	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 1/6/3 T19 Tranklifter	(Signed) 73 females M.D. (Address) Zanew
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ğ ż should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH (10571
1. PLACE OF DEATH	93-0
County Hospacel	Registration Dist. No. 191
Village or City Ellecott Cely	No. Merry man St, St, Ward
716	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Levely M. Cu	unes/ley
(a) Residence: No. Merry man D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED Currie the word or divorced 5a. 11 married, widowed, or divorced	21. DATE OF DEATH (Day) (Year)
HUSBAND of (or) WIFE of Pef here Mc Cummest	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and years) Fell, 29. 1832	l last saw halive on
7. AGE Years Months Days If LESS than	to hava occurred on the data statad abova, at 2.30 f.m.
101 10 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Frade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Ch. My readilis 1920
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	y
10. Date deceased last worked at this occupation (month and 9/0 spent in this year)	
12. BIRTHPLACE (city or town) Ballimore (State or equintry) Many lawy)	Other Contributory Causes of importance:
13. NAME harles Mª Cummester	
13. NAME have M- Cummestey 14. BIRTHPLACE (city or town) - Luthin	Nama of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME arthu and felly 16. BIRTHPLACE (city or town). Manchester (State or country)	23. If daath was due to extarnal causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Mauchester	Accident, suicide, or homicide? Date of injury, 19
(State or country) Colog Raciely	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (INE. Education) (Address) Elicate City	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Placa Dete VIII. NO , 19 27	Nature of injury
19. UNDERTAKER CASTON SOUS	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED) au. 26,19 3 4 W J V Fressell	(Signed) (Address) S. A.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employed," "torker," operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civit engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carrenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00572	2
1. PLACE OF DEATH	log : 4 2	
County Howard	Registration Dist. No. 190	
Village or City Elbridge		Vard ·
40	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME William Than	Richardson	
(a) Residence: No.	Rat. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Véar (Véar	(
5a. If married, widowed, or divorced HUSBAND of Nellie Brown	22. I HEREBY CERTIFY, That I attended deceased	
6. DATE OF BIRTH (month, day, and year) June 4, 1864		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3.2 m.	
70 9 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	neat
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spent in this spent	Jobor Meumoma 30	-
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc		
this occupation (month end spent in this occupation occupation		
12. BIRTHPLACE (city or town) Seven are Cham	Dither Contributory Causes of importance:	bony
(State or country)	Hermina und	-
H 13. NAME Unknown	Simility 193	0
4 14. BIRTHPLACE (city or town).	Name of operation. Date of	
(State or country)	What test confirmed diagnosis? Was there an europsy?	مم
E 15. MAIDEN NAME	23. If death was due to external causes (NOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Moses Richardson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Elfande 4. 1	Manner of injury	
Placedd Hellows Combate / 1/14 , 1934	Nature of injury	
19 UNDERTAKER Clorence +Katis William	24. Was disease or injury In any way related to occupation of deceased?	_
(Address) 321-722 gr. Salarache 2	- Il so, specify to fly cran in allen	do
20. FILEDJan 1.3., 1934 Tried Bild Registrar	Disgred Jove W Fill Land Con ?	M. D.
If more blanks are needed, address State Registrar,	2411 Deute Sear Politimere Requesting V. S. No. 1,	20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEILE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	FEB 1 1984	July 5,1927	Peritonitis	3 days ago
	BUREAU V C	<i>§</i>		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gollstones		Moy 1,1923	Gostrocnteritis	1 year

STATE OF MARYLAND 1573 CERTIFICATE OF DEATH

registration Dist.	NO. frankranghamman
St.;Ward)	Elf death occurred to a hospital or Institution, give its NAME lostead
~	of street and oumber.]

117111	194 - 194 -	
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4 COLOR OR RACE 5 SINGLE, MARRIED, WIGOWED, OR OLYGRCED	(Month) (Day) (Year)	
Write the word)	17 I HEREBY CERTIFY, That I attended deceased from	
Month (Day) (Year)	19134 to	
If LESS then	and that death occurred on the date stated above, at 123 Pm.	
1 day,,hrs.	The CAUSE OF DEATH * was as follows: Infant had attacked	
yrs. 4 mos. 22 ds. OR min.?		
	ejonoses, since both. (Cranos is,	
or a	My austalia Edishearold	
non	Line On of Canal Tag Stack	
Industry.		
hment In	no history of infer (Duration) yrs mos os.	
mployer) 22000	77 /7 / 4	
"marfland	(Secondary)	
12	(Deration) yrs. mos ds.	
7. 102.	(Signed) Harry Spurson, M. D.	
- Srawin 11 Wandsor		
CCE ER	Jan 30, 1984 (Address) Sailnersburg	
ountry) markland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
Ethel my Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
CE 6	OR RECENT RESIDENTS) At place In the	
ER untry) Mayland	ot death yrs mos ds. State yrs mos ds.	
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?	
rancis R. Wandson	Former or usual residence.	
Brookville ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
1,18304 & a Bichilo	Mt Carnel Centy of ADDRESS	
REGISTRAR	R 11/10 1 + 17/1	
	10 1 V. Barks Garheriburg	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of "Convuisions," "Debility" ("Con-(secondary or intercurrent "Dropsy," "Exhaustion, (name origin: "Can The nature of the Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FER 3 19-4 SURBAU V. S.